



Suffolk County Department of Social Services  
FCSA Child Care Bureau  
Child Care Provider Information Sheet

Do you have a provider to care for your child(ren)? \_\_\_\_ No \_\_\_\_ Yes

- If **NO**, please call **Child Care Council of Suffolk @ (631) 462-0303** for information & referrals.
- If **YES**, please provide the requested information for each child care provider caring for your child(ren). Attach additional sheets, if needed.

**Applicant/Recipient Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ (if applicable)

(1) **Provider Name:** \_\_\_\_\_ **Provider Phone:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_ **Date Child Care Started:** \_\_\_\_\_ (if applicable)

Child's Name	Child's Date Of Birth	Days of Week Child Care is Needed / Provided (M, Tu, W, Th, F, St, Sn)	Hours child is in care (AM to PM; PM to AM)	Hours child care needed during school holidays / closings (if different)

(2) **Provider Name:** \_\_\_\_\_ **Provider Phone:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_ **Date Child Care Started:** \_\_\_\_\_ (if applicable)

Child's Name	Child's Date Of Birth	Days of Week Child Care is Needed / Provided (M, Tu, W, Th, F, St, Sn)	Hours child is in care (AM to PM; PM to AM)	Hours child care needed during school holidays / closings (if different)